

VISIT INSTRUCTIONS TO ASSESS FUNCTIONALITY OF PROGRAM AT COMMUNITY LEVEL

The Supervisor/Monitor would cover **one Village Health and Nutrition Day (VHND) session, one middle school, One AWC and five households** in the vicinity of the L1 delivery point in **single visit**. He/she expected to undertake **two community visits in a month**. The DLM would also interact with at least 1-2 ASHA and AWW each during the community visit. He/ She would accompany the ASHA for household visits in her catchment area. A minimum of 5 household to be visited, selection of house-hold to be prioritised as follows:

1. Household with a pregnant woman
2. Household of lactating mother with 0-6mths baby
3. Household with a child of 6mths- 2 years
4. Household with an Adolescent girl/ boy
5. Household where home delivery occurred in the last one year

Even if the nearest sub-center to the village visited is not a L1 deliver point, the DLM should visit the SHC to interact with the ANM.

During the school visit the DLM should interact with nodal WIFS teacher and children in at-least two eligible classrooms

In case of a VHND visit, take a stock of essential drugs, supplies, commodities and vaccines available at the site. Review the service delivery for ANC, PNC, Growth Monitoring and Immunization. Ask the community for health messages they received from ASHA/ANM

Supervisor need to fill code as 1, 2, 3 and 4 in box adjacent to questions (**1: Yes, 2: No, 3: Not applicable, 4: don't know**)

Name & Designation of the Supervisor:		Organization		Level:	Block	District	State	National	Others
Name of village		Block:		District:		Date of visit			

1.VHND Assessment			2. Interview with ANM			3.Interview with ASHA		
1.1	Whether ANM provides following services during a VHND?		2.1	Is Community distribution of Misoprostol for home deliveries implemented?		3.1	Incentives to ASHA	
a	Routine Immunization		2.2	Are high risk pregnancies line-listed at the health facility?		a	Was ASHA paid incentives for ANC services & accompanying mother for Institutional delivery?	
b	Family planning services and counselling		2.3	Were maternal/child deaths reported from the area of the sub-center in last 1 year?		b	Was ASHA paid incentives for delaying and spacing of births?	
c	Ante-natal care		2.4	If death reviewed, were corrective actions taken for the probable community causes?		c	Was ASHA paid incentives for escorting clients for PPIUCD insertions?	
d	Post-natal care		2.5	Number of SAM children identified in the community (Data can be collected from AWW/ANM)		d	Was ASHA paid incentive for immunization of children below 1 year and 1 to 2 year?	
e	Nutrition and Health promotion to children and Adolescents		2.5.1	Number of SAM children referred to Nutritional Rehabilitation Centre (NRCs)/ higher centre?		3.1.1	Is there any delay in last six months in payments to ASHA?	
1.2	Is Growth monitoring done at Anganwadi center/ VHNDs?		2.6	Has the ANM been trained on RKSK (including Peer educator component)?		3.2	Is the ASHA trained on module 6 & 7 for HBNC?	
1.3	Is Routine Immunization micro-plan available at VHND session?		2.7	Has the ASHA been trained on RKSK (including Peer educator component)?		3.2.1	If yes does she perform HH visits for HBNC?	
1.4	Is Due list for Routine Immunization, ANC,PNC available with ASHA/ANM					3.3	Number sick new-born or newborns with danger signs identified in community by ASHA	
1.5	As per due list did 75% of the beneficiaries attend the VHND session?					3.3.1	Whether sick new-born or newborns with danger signs referred to Higher facilities?	
						3.4	Whether follow-up visit to LBW Babies & SNCU discharged babies done by ASHA?	
						3.5	Is ASHA aware about incentive given under RKSK	
						3.6	Has ASHA referred any Adolescents to the nearest AFHC last month?	

3. Interview with ASHA				
3.7 Availability of essential commodities with ASHA/School/AWCs				
a	Pregnancy testing kit		h	MBI kit to test iodine level in salt.
b	Mala N		i	MUAC tape
c	Centchroman		j	ORS and Zinc
d	ECP		k	HBNC Kit
e	Condoms		l	Sanitary napkins
f	Availability of IFA with ASHA			
I	6 month – 5yrs – IFA syrup (Bi-weekly)			
II	Pregnant women and Lactating mothers – Red IFA Tab.			
g	Availability of IFA at school/AWCs			
I	5-10yrs – Tab. IFA (Pink colored sugar coated) WIFS Junior.			
II	10-19yrs – Tab. IFA (Blue colored – Enteric coated)			

4. Interview with beneficiaries (Household visits)		
4.1	Interview with Pregnant woman	
4.1.1	Is the pregnant woman registered in the first trimester?	
4.1.2	Did the PW receive all services under Antenatal care?	
4.1.3	Is the PW counseled for Post-partum FP choices including PPIUCD by ASHA/ANM during ANC?	
4.2	Interview with Lactating mother with 0-6 months baby (based on recall)	
4.2.1	Did she deliver at Public Health facility	
4.2.2	If yes; Did she receive entitlements under JSY?	
4.2.3	Did she receive entitlements under JSSK? (Free drugs/Free Diet/Free diagnostics/Free referral transport to mothers and sick new born)	

4.2.4	Ask about services she received at the facility where she delivered	
a	Was the privacy during delivery maintained?	
b	Was staff at the health facility well behaved during stay?	
c	Was the new-born dried with clean and sterile sheets/towels just after delivery?	
d	Was the new-born weighed at birth?	
e	Was breast feeding initiated within one hour after delivery?	
f	Was the new-born given birth dose immunization in the health facility within 24hrs of birth?	
g	Has she exclusively breast-fed the infant for 6 months?	
h	Was she advised about maternal & newborn danger signs before discharge from the facility?	
i	Check the MCP card for completeness.	
j	Was she satisfied with all the services provided during ANC, delivery and PNC? (if any grievance, please describe on last page)	

4.3	Interview mother with a child of 6 months - 2 years			
4.3.1	Was ORS and Zinc used when child had last diarrhea episode?		4.3.6	Was Family planning commodities (Condoms/OCP and ECP) provided by ASHA?
a	Is mother aware about ORS preparation and use?		4.3.7	Did any IEC/BCC/IPC activity initiate or enhance family's health seeking behavior? (if yes, any of the below?)
b	If yes did ASHA replenish ORS/Zinc during her visit?		a	IPC by ASHA/ANM or other health staff
4.3.2	Was Syp. IFA available at Household?		b	Hand out/Booklets
4.3.3	Did ASHA perform home visits during first six weeks of life?		c	Audio visual aids
4.3.4	Does mother practice Complementary feeding?		d	Hoardings/Wall paintings/Banner/Poster
4.3.5	Was Family planning counseling provided by ASHA?		e	Any other IEC/BCC activity

4.4	Interview with beneficiaries (Mothers & Pregnant women) pertaining to MCTFC			
4.4.1	Did she receive a call from Mother and Child Tracking Facilitation Centre, Govt of India, Delhi		4.4.6	Whether the information provided to her was helpful? (Select Option from following)
4.4.2	Was the caller courteous to her during the call?		a	During her pregnancy
4.4.3	Whether the caller was clear in communication with her		b	Taking care of her child
4.4.4	Was she satisfied by the resolution on her query provided by the caller?		c	Family planning
4.4.5	Whether a doctor spoke with her to resolve her query?		4.4.7	Has she received recorded voice messages over phone related to maternal health, Child care, immunization and family planning?

4.7	School/AWC visit- Interview with WIFS Nodal teacher/AWW	
4.7.1	Are IFA tabs under WIFS currently available?	
a	Any Stock-out in last 6 months?	
4.7.2	Was deworming done in the last six months?	
4.7.3	Whether WIFS report submitted for last month?	
4.7.4	Whether screening of children under RBSK done?	
a	Are referrals of children done?	

Interview with eligible students in at least two classrooms during school visit	
4.7.5	Are they given IFA tab every week?
4.7.6	Has RBSK screening done by health team in last one year?

4.5	Interview with family having Adolescents	
4.5.1	Did the Adolescent in the family receive IFA supplementation?	
4.5.2	Was the mother/adolescent girl counseled on Menstrual hygiene?	
4.5.3	Has the adolescent ever visited AFHC?	

4.6	Interview with Household with Home delivery	
4.6.1	Reason for Home delivery?	
a	Traditional attitude	
b	Accessibility issues	
c	Economic reasons	
d	Benefits of institutional delivery unknown	
e	Any other causes	
4.6.2	Who conducted Home delivery?	
a	Skilled Birth Attendant (i.e. assisted by doctor/ nurse/ ANM)	
b	Traditional Birth Attendant (TBA)	
c	Family or Relatives	
4.6.3	Is mother/child availing any post-natal services from a health facility?	

Plan of Action				
Major findings from this visit	Intervention/ Activities identified	Level of intervention	Responsibility	Timeline

Type of Grievance (qualitatively describe the incident)	Level (ASHA/ANM/MO/Health facility)	Probable intervention/activities. Current status of the Grievance

Supervisor Signature_____